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KAMRATH & A 4825 OLSON MEI SUITE 245	MORIAL HIGHV		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
GOLDEN VALLEY, MN 55422				Ala	n Kamrat	h		(Дер	ósitor's name)	
		-	•						(Signature)	
	•		[					2010	(Date)	
APPLICATION NO.	FILING DATE	•	FIRST NAMED INVEN		A	TTORNEY D	OCKET NO.	CONFIRMATION	ON NO.	
10/586,579 07/19/2006 TITLE OF INVENTION: BRAKE DISK			Reiner Kunstle		4241 PCTUS FRÆB (60729.0			7388		
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PRI	EV. PAID ISSUE F	EE TOTA	L FEE(S) DUE	DATE	)UE	
nonprovisional	NO	\$1510	\$300		\$0	•	\$1810	09/10/2	010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				•			
NGUYEN, XUAN LAN T		3657	188-2180XL							
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Alan Kamrath  Alan Kamrath  Alan Kamrath									
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI GUSTAV MAGENW	an assignee is identi 37 CFR 3.11. Comp 3E IRTH GMBH {	fied below, no assignee letion of this form is NO	data will appear on the Tasubstitute for filing (B) RESIDENCE: (CI BAD	e patent an assig TY and URA	STATE OR CO ACH, GERM	UNTRY) ANY				
Please check the appropriate	assignee category or	categories (Will not be pr	inted on the patent):	U Indi	ividual 🖭 Corp	oration or of	her private gro	upentity ∟G	overnment	
4a. The following fec(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
5. Change in Entity Status ( a. Applicant claims SM	AALL ENTITY status	s. See 37 CFR 1,27.	b. Applicant is no l							
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Authorized Signature	Alan K	Lanual Camrath	•		Date O	9-0	7-	2010		
Typed or printed name					Registration No.					
This collection of information application. Confidentiality submitting the completed application and/or suggestions Box 1450, Alexandria, Virginia 22313-1 Under the Paperwork Reduct	700,								to process) paring, and complete nerce, P.O. Box 1450,	